



CLAIMS

How to file a claim

Kathy Roskosky
Central TRICARE Service Center
(CTSC)



Claims Filing

- Claims Filing
- Active Duty Claims
- Claims Processing
- Other Health Insurance (OHI)
 - TRICARE For Life
- Appeals
- Claims Research



Claims Filing

Who can file a claim?

- Provider
- Beneficiary
- Point of Contact (POC)
- International SOS



Claims Filing

What is needed to file claims for Prime ADFMs and all Standard members?

- DD Form 2642 (must be signed by patient, parent or guardian)
- ISOS authorization letter (TGRO ADFMs)
- Itemized bill from provider or pharmacy
- Receipt for payment (if applicable)
- OHI EOB (if applicable)



Claims Filing - Active Duty

What is need to file an ADSM claim?

- DD Form 2642 (must be signed by patient)
- ISOS letter or service authorization form
 - SF 1034 - Army & Air Force claims
 - NAVMED 6320/10 - Navy & Marine claims
- Itemized bill from provider or pharmacy
- Receipt for payment (if applicable)



Claims Filing - Active Duty

- All non-emergent, civilian medical and dental care for ADSMs MUST be **pre-approved**
 - Local Commander/certifying official can approve up to \$500 per episode of care
 - Service level approval is required for care greater than \$500
 - International SOS at TGRO locations



Claims Filing - Active Duty

<small>Standard Form 1005 Revised October 1987 Department of the Treasury 137M-4-2000 1024-121</small>		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO. N/A	
U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION COMMANDER USA HEALTH CLINIC BAD KREUSNACH UNIT 24301 APO AE 092552-3470				DATE VOUCHER PREPARED 1/20/00		SCHEDULE NO. N/A	
PAYEE'S NAME AND ADDRESS Dr. med. Hans Munster Munster 66 66660 Munsterbach OR SSgt Joe Doe Unit 111 APO AE 09000				CONTRACT NUMBER AND DATE		PAID BY	
				REQUISITION NUMBER AND DATE			
				DATE INVOICE RECEIVED			
				DISCOUNT TERMS		PAYEE'S ACCOUNT NUMBER	
SHIPPED FROM _____ TO _____ WEIGHT _____				GOVERNMENT BUL NUMBER			
NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES <small>(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)</small>	QUANTITY	UNIT PRICE COST PER		AMOUNT DM ⁽¹⁾	
SSgt Joe Doe SSN:000000000 Unit 111 APO AE 09000	1/01/00	Emergency room services due to severe chest pains	1	252.45		252.45	
<small>(Also continue on sheets if necessary)</small>				TOTAL		252.45	
PAYMENT: <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE		APPROVED FOR 252.45 ⁺ 133.57		EXCHANGE RATE 1.89 ⁻ 11.00		DIFFERENCES	
		BY 2 NAME OF CERTIFYING OFFICER					
		TITLE TITLE OF CERTIFYING OFFICER		Amount verified, correct for: 252.45			
				(Signature or initials) SIG. OR INITIALS OF CERTIFYING OFFICER			
Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.							
DATE <small>(Date)</small>		SIG. OF CERTIFYING OFFICER <small>(Authorized Certifying Officer) 2</small>		TITLE OF CERTIFYING OFFICER <small>(Title)</small>			
ACCOUNTING CLASSIFICATION N/A							
PAID BY	CHECK NUMBER _____ ON ACCOUNT OF U.S. TREASURY		CHECK NUMBER _____ ON (Name of bank)				
	CASH _____ DATE _____		PAYEE 3 _____				
			PER _____				
			TITLE _____				
<small>1 When stated in foreign currency, insert name of currency. 2 If the ability to certify and authorize to approve are combined in one person, use signature only is necessary; otherwise the approving officer will sign in the space provided, under his official title. 3 When a voucher is received in the name of a company or corporation, the name of the person writing the voucher or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Doe, Secretary", or "Treasurer", as the case may be.</small>							
Previous edition voidable.							
PRIVACY ACT STATEMENT <small>The information requested on this form is required under the provisions of 31 U.S.C. 65b and 65c, for the purpose of elaborating Federal money. The information requested is to identify the particular voucher and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.</small>							



Claims Processing

Where are claims processed?

- All overseas claims are processed by WPS (Wisconsin Physician Services) in the US

How are claims processed?

- Each claim received in paper format is scanned into the WPS system
- Claim number is assigned
- Passed through a series of system edits
- Payment amounts are assigned and checks are cut and paid to the indicated person/provider
 - Payment may be made in local currency or US dollars



Claims Processing

Possible Delays in Claims Processing

- Incomplete or unsigned claim form
- Diagnosis information missing (block 8a)
- Illegible provider information
- Lack of ADSM authorization
- Lack of TGRO Prime enrollment
- Claim received after timely filing period
 - 365 days from the date of service



Claims Processing

Who receives TRICARE payment?

- TRICARE payment is automatically sent to the provider of service (unless otherwise indicated)
 - For pharmacy claims, payment defaults to patient (unless otherwise indicated)

Who do I call for claims processing errors?

- For any claims errors WPS should be contacted by calling (608) 301-2310



Claims Processing

Please follow directions attached to the claim form for correct completion.

Please complete a separate claim form for each patient and each provider.

Currency conversion will be made using the latest date of service/care attached to each claim form.

Please write "REPAY TO PATIENT" in blocks 11c –11f if payment was made to the provider and you are requesting reimbursement (indicated on attached example).

If you have Other Health Insurance (OHI) and need to use these blocks, write across the directions on the bottom of the page (when you are finished reading the directions). Try not to mark along the borders of the page (bottom or top) because sometimes these get cut off during scanning/copying.

Please mail claims to:

TRICARE Europe
WPS – Claims Processing
PO BOX 8976
Madison, WI 53708-8976

****Make sure you keep copies of everything for your records.****

For additional information or questions please contact:

TRICARE Europe
1-888-777-8343, Option 1
Or
00 49 6302 67 7433/7432



Claims Processing

1. PATIENT'S NAME (Last, First, Middle Initial)		2. PATIENT'S TELEPHONE NUMBER (Provide Area Code) DAYTIME : EVENING :	
3. PATIENT'S ADDRESS (Street, Apt. No., City, State, and ZIP Code)		4. PATIENT'S RELATIONSHIP TO SPONSOR (If any) SELF SPOUSE NATURAL OR ADOPTED CHILD OTHER (Specify)	
5. PATIENT'S DATE OF BIRTH (YYYYMMDD)	6. PATIENT'S SEX (X) MALE () FEMALE	7. IS PATIENT'S CONDITION (If both applicable) ACCIDENT RELATED? YES NO WORK RELATED? YES NO	
8. DESCRIBE CONDITION FOR WHICH THE PATIENT RECEIVED TREATMENT, SUPPLIES OR MEDICATION. IF AN INJURY, NOTE HOW IT HAPPENED. REFER TO INSTRUCTIONS BELOW.		9. WAS PATIENT'S CARE (X one) INPATIENT? PHARMACY? OUTPATIENT? DAY SURGERY?	
10. SPONSOR'S OR FORMER SPOUSE'S NAME (Last, First, Middle Initial)		11. SPONSOR'S OR FORMER SPOUSE'S SOCIAL SECURITY NUMBER	
12. OTHER HEALTH INSURANCE COVERAGE a. Is patient covered by any other health insurance plan or program to include health coverage available through an employer or family members? YES NO If yes, check the "Yes" block and complete blocks 1 and 2 (see instructions below). If no, do not check the "No" block and complete block 12. Do not provide TRICARE/CHAMPUS supplemental insurance information, but do report Medicare supplements. b. TYPE OF COVERAGE (Check all that apply) (1) EMPLOYMENT (Group) (X) MEDICARE (5) MEDICARE SUPPLEMENTAL INSURANCE (7) OTHER (Specify) (2) PRIVATE (Not Group) (4) STUDENT PLAN (6) PRESCRIPTION DISCOUNT PLAN			
13. NAME AND ADDRESS OF OTHER HEALTH INSURANCE (Street, City, State, and ZIP Code)		14. INSURANCE IDENTIFICATION NUMBER	15. INSURANCE EFFECTIVE DATE (YY/MM/YY)
16. DRUG COV (Check all that apply) YES NO YES NO YES NO		17. DRUG COV (Check all that apply) YES NO YES NO YES NO	
18. SIGNATURE OF PATIENT OR AUTHORIZED PERSON CERTIFIES CORRECTNESS OF CLAIM AND AUTHORIZES RELEASE OF MEDICAL OR OTHER INSURANCE INFORMATION. a. SIGNATURE b. DATED c. RELATIONSHIP TO PATIENT			
19. OVERSEAS CLAIMS ONLY: PAYMENT IN LOCAL CURRENCY? YES NO			

HOW TO FILL OUT THE TRICARE/CHAMPUS FORM
You must attach an itemized bill (see front of form) from your service provider for CHAMPUS to be used this claim.

1. Fill in patient's last name, first name and middle initial as it appears on the military ID card. Do not use "John Doe".
2. Enter the patient's daytime telephone number and evening telephone number to include the area code.
3. Enter the complete address of the patient's place of residence at the time of service (include building, street name, apartment number, etc., and ZIP Code). Do not use a Post Office Box Number except for rural routes and airmail. Do not use an APO/FPO address unless the patient was actively receiving service which was provided.
4. Check the sex to indicate patient's relationship to sponsor. If "Other" is checked, indicate how related to the sponsor's spouse.
5. Enter sponsor's date of birth (YYYYMMDD).
6. Check the box for either military or civilian work.
7. Check box to indicate if patient is a dependent of a sponsor. If "Other" is checked, indicate how related to the sponsor's spouse.
8. Enter sponsor's date of birth (YYYYMMDD).
9. Check box to indicate if patient is a dependent of a sponsor. If "Other" is checked, indicate how related to the sponsor's spouse.
10. Check box to indicate if patient is a dependent of a sponsor. If "Other" is checked, indicate how related to the sponsor's spouse.
11. Enter the date of birth of the patient's spouse. If the patient is a dependent of a sponsor, the date of birth of the sponsor's spouse must be entered. If the patient is not a dependent of a sponsor, the date of birth of the patient's spouse must be entered. If the patient is a dependent of a sponsor, the date of birth of the sponsor's spouse must be entered. If the patient is not a dependent of a sponsor, the date of birth of the patient's spouse must be entered.



Claims Processing - Other Health Insurance (OHI)

Filing Claims with Other Health Insurance (OHI)

- TRICARE is secondary payer to **ALL** other health coverage including host nation coverage
 - Exception: Secondary only to Medicaid and designated TRICARE supplemental plans
- TRICARE claims **MUST** have explanation of OHI payment or denial submitted with the TRICARE claim



Claims Processing - TRICARE for Life

- Medicare will not pay for care received overseas
 - Equivalent to host nation coverage
- TRICARE is the primary payer for all overseas healthcare (unless a third policy exists, i.e. travelers insurance)
 - Claims should be filed to WPS/Overseas for processing



Claims Processing - Appeals

Beneficiaries who disagree with certain decisions related to their benefits have the right to appeal that decision

You can appeal the following types of issues and there are different processes for each:

- **Factual:**
 - When TRICARE has denied payment for services or supplies received
 - When TRICARE terminates payment for services or supplies that were previously authorized



Claims Processing - Appeals

- **Medical Necessity:**
 - When TRICARE denies prior authorization to requested services or supplies
- **Dual Eligible** (For beneficiaries eligible for both TRICARE and Medicare):
 - When Medicare and TRICARE have both denied a claim and you have successfully appealed the Medicare claim (they paid the claim)
 - Note: If Medicare paid a claim and TRICARE did not, you can appeal the TRICARE decision through the Factual appeal process



Claims Processing - Appeals

Remember, beneficiaries must:

- Meet all the required deadlines; appeals are time sensitive
- Send appeals in writing with signatures
- Include copies of all supporting documents in the appeal
 - If paperwork is not available, beneficiaries may send the letter by the deadline, and note that additional information will be sent
- Keep copies of **EVERYTHING!**



Claims Research

- www.TRICARE4U.com
- WPS
- CTSC (Central TRICARE Service Center)



Claims Research - TRICARE4U

- TRICARE4U allows research by Sponsor social security number or Provider Tax ID number
- TRICARE4U shows eligibility for all members with claims processed
- Offers resources for additional information





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Welcome to TRICARE4u.com, the on-line resource for TRICARE For Life and Overseas beneficiary and provider populations.

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HEALTH INSURANCE



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[WPS Corporate Website](#)

SIGN IN OR REGISTER

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Why Register?
By registering you will have access to info regarding your records, benefits and eligibility.

[How to Register](#)

NEWS

[Beneficiaries Saving Money With Mail Order Pharmacy](#)

July 1, 2008 - FALLS CHURCH, Va. - TRICARE is actively informing beneficiaries of the savings they can experience with the TRICARE Mail Order Pharmacy (TMOP).

TMOP offers up to a 90-day supply of medication for the same copayment as a 30-day supply from a retail pharmacy, and with gas prices rising daily, a trip to the pharmacy can be pricey.

To view the full release, please visit: <http://www.tricare.mil/pressroom/news.aspx?fid=419>





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LOGIN

- To access your TRICARE4U account, please enter your Username and Password and click Login.
- Remember to enter the Password exactly as you created it, with upper and lowercase letters, numbers and special characters.
- If you are not able to log in, please contact [Customer Service](#).
- * = Required
- [Login Help](#)

Login

Username:

*

**Problems Logging In?
Help Yourself**

Password:

*

Login**Help**

For other questions or concerns, please contact Customer Service using one of the below numbers:

Dual-Eligible: 866-773-0404 (toll free)**Dual-Eligible TDD:** 866-773-0405 (toll free)**Overseas - Europe/Pacific:** 608-301-2310**Puerto Rico/Virgin Islands:** 608-301-2311

This computer system, which includes all related equipment, networks, and network devices (specifically including access to the internet), are provided only for authorized business functions. The system may be monitored by authorized personnel to ensure that their use is authorized, for management of the system, to facilitate protection against unauthorized access, and to verify security procedures. Information you place on this system is not private. Use of this computer system, authorized or unauthorized, constitutes consent to official monitoring of this system.

PRIVACY ACT WARNING!

Information contained in this system with respect to Wisconsin Physicians Service Insurance Company is subject to THE PRIVACY ACT OF 1974 (552A AMENDED). Information contained in this system may be used only by authorized persons in the conduct of official business. Any individual responsible for unauthorized disclosure or misuse of personal information may be subject to fines of up to \$5000.



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- To view Beneficiary information, enter the sponsor's social security number and click search.
- To view claims by provider, enter the 18 digit provider number obtained from the source of your inquiry and click search

Enter Beneficiary's Sponsor Number

Sponsor Number:

[Beneficiary Search Help](#)

Enter Provider Number

Provider Number:

[Provider Search Help](#)

Search


QUICK LINKS

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SIGN IN OR REGISTER

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Why Register?

By registering you will
have access to info
regarding your records,
claims, and more.



HOME

[Claim Status Search](#)

Determine the status of a claim or receive information about the payment of a previously processed claim. Also, view a web generated TRICARE Explanation of Benefits (EOB) on a processed claim.

[Patient Eligibility](#)

Verify information such as whether the beneficiary is eligible for TRICARE, if enrolled and where to file claims, if the deductible has been met, or if catastrophic cap has been satisfied.

[Other Health Insurance](#)

Want to know what is on file for your other health insurance? You can also update our records if there have been any changes.

[Out Of Pocket Expenses](#)

Check your current dollar amounts toward your out-of-pocket expense limits.



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ELIGIBILITY - SEARCH

- Select a beneficiary name in the list below, enter the date of service and click Search.
- If the beneficiary is not listed, click No and enter the beneficiary's name, date of birth, the date of service and click Search.
- * = Required

Beneficiary Listed?

☒ Yes ☐ No

Select a Beneficiary

Name	Date of Birth
<input checked="" type="radio"/> Kathleen Roskosky	11/08/1966
<input type="radio"/> Mark Roskosky	12/05/1996
<input type="radio"/> Michael Roskosky	03/27/1993

[Cancel](#)

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DEERS ELIGIBILITY INFORMATION

- Click here for [Claim Filing Addresses](#)

Family Member

SSN: *****7153
Name: Kathleen A Roskosky
Birth Date: 11/08/1966
Eligibility Status: Eligible

Primary Care Manager

Name: LEE,ALEX J
Telephone: (637) 146-2273

Start Date	End Date	Region	Tricare Option
09/02/2005	Currently Eligible	Europe	TRICARE Overseas Prime Family Coverage for Active Duty
03/25/2005	09/01/2005	Pacific	TRICARE Overseas Prime Family Coverage for Active Duty

[Select a Different Patient](#)

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DEDUCTIBLES - SUMMARY

- Families will not have any out-of-pocket expenses for cost-share, co-payment, and deductible or enrollment fees once they have exceeded \$1,000.00 for active duty families or \$3,000.00 for other than active duty families.
- Annual out-of-pocket expense is applied on a fiscal year basis, which is October 1 through September 30.
- Enrollment fees are paid based on prime anniversary enrollment date.

Family Member Name - Kathleen Roskosky DOB - 11/08/1966 [Modify Your Search](#)

Deductibles

Fiscal Year:	2009	2008	2007
Individual Deductible:	\$0.00	\$0.00	\$0.00
Family Deductible:	\$0.00	\$0.00	\$0.00
Family Catastrophic Cap:	\$0.00	\$0.00	\$0.00
Individual Point of Service (POS):	\$0.00	\$0.00	\$0.00
Family Point of Service (POS):	\$0.00	\$0.00	\$0.00

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CLAIM SEARCH - SELECT A BENEFICIARY

- Select the Beneficiary whose claim you are searching for, then click Next.
- [Claim Status Help](#)

Select a Beneficiary

Name	Date of Birth
<input checked="" type="radio"/> Kathleen Roskosky	11/08/1966
<input type="radio"/> Mark Roskosky	12/05/1996
<input type="radio"/> Michael Roskosky	03/27/1993

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CLAIM SEARCH - RESULTS

- Click on the claim number to display a detailed explanation of the claim.
- Click on the  icon to see a copy of the TRICARE Explanation of Benefits (EOB) or for detailed remarks on how your claim p
- [Claim Search Help](#)

Search Criteria

Date of Service Start: / /  Ex. mm/dd/yyyyDate of Service End: / /  Ex. mm/dd/yyyy

-or-

Full Calendar Year: Ex. yyyy[New Search](#)

Family Member

Name:

Birth Date: 11/08/1966

[Printer Friendly V](#)

Found 1 Claim

Display:

EOB	Date of Service	Claim Number	Provider	Claim Status	Billed Amount	Pr
	08/10/2007	20072264999993	AAFES EUROPE VISION CENTER	Paid	\$95.00	08.



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TRICARE For Life

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FORMS

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Application Forms are available here for each provider specialty to be completed and submitted by contract.



The documents on this page require Adobe Acrobat for viewing. Please [download it here](#).

- [DD2527 Third Party Liability \(dd2527.pdf\)](#):
Used to explain situations in which the beneficiary's condition was the result of an accident or work related injury.
- [Appointment of Representative and Authorization to Disclose Information \(paauth.pdf\)](#):
Provide authorization to an individual to release information protected under the Federal Privacy Act. This form is not valid to designate a representative for the Appeals process.
- [Appointment of Appeal Representative and Authorization to Disclose Information \(applauth.pdf\)](#):
Designates a representative for the Appeals process.
- [DD2642 TRICARE Beneficiary claim form \(dd2642.pdf\)](#):
Beneficiaries should use this claim form to submit bills for their healthcare.
- [W-9 Request for Taxpayer Identification Number and Certification \(fw9.pdf\)](#)
- [Other Health Insurance Questionnaire \(ohiupdte.pdf\)](#):
If there has been a change or you have become eligible for insurance other than TRICARE, you can submit the information using this questionnaire.
- Enrollment Forms
- [Provider Certification Forms - TDEFIC Region](#)
- [Provider Certification Forms - Overseas Region](#)

Claims Research - TRICARE4U

- TRICARE4U is a WPS owned system
- Passwords must be reset with WPS
- Beneficiary may register to check their own claim status
 - Each adult beneficiary has to have their own registration for privacy sake

www.TRICARE4U.com



Claims Research - WPS

- WPS may be contacted by emailing from TRICARE4U website
- WPS is available beginning 0900 CET at 608-301-2310
- POC's ONLY have priority fax numbers available 608-301-2201/2202



Claims Research - CTSC

- Central TRICARE Service Center (CTSC)
 - 49-6302-67-7433/7432 or DSN 314-496-7433/7432
 - Open from 0800 – 2100 CET; Monday through Friday
 - Closed on Federal Holidays
- Email: TEUROPE@europe.tricare.osd.mil
- Fax: 49-6302-67-6374 or DSN 314-496-6374



Claims Filing & Processing

- Questions?

